

The Fortnightly **REVIEW** *of*

THE CHICAGO DENTAL SOCIETY

Feb. 15, 1952

Volume 23 • Number 4

Business Fundamentals As Applied to the Practice of Dentistry

By Gaylord J. James, D.D.S., Cleveland, Ohio

(Continued from February 1 issue)

VALUATION OF DENTAL SERVICE

Within the modern conception of economic consciousness we find the tools with which to fashion the worthwhile career. The confidence of the public which has been meticulously nourished and always based on truth is the core around which all other economic procedures revolve. This will generate an increased valuation of dental service on the part of the public. This means a painstaking process at first to educate our patients to the acceptance of the best methods. It results in the difference between restoring a single tooth which may be the source of immediate annoyance, and studying the entire mouth and its potential relation to the general health of the patient.

It is the difference between the procrastinating hit or miss method of the patient reporting for service, and the periodic recall list, functioning for the convenience and benefit of the entire practice with the dentist assuming his rightful responsibility.

It is keeping records with such precision that costs are known and can be analyzed so that fees are fair to both patient and dentist in terms of the physical

effort required on the part of both, the one to pay for the service received, the other as a reward for faithful delivery.

It is an appreciation of the value of time. Being punctual and respecting the fact that any patient has other engagements which must be promptly kept. Time is money. Overhead represents the cost of usable time. Office routine which wastes time is costing more per unit of service rendered.

It is the realization that the *value of money* is related to what money will buy. Fees cannot, for this reason, be fixed and in many instances greater physical effort will be expended to produce a desired result. If loss does result in the producing of a particular unit, satisfaction must be achieved in spite of it. The cause of such loss should be sought and rectified so that perpetually reoccurring errors will not undermine a good reputation.

Money like time must be adequately budgeted so that it will not be wasted. If wasted it can rob us of the success we would otherwise enjoy after a lifetime of effort.

Further progress is dependent upon the reserve of money we may have on hand with which to finance our efforts, thereby giving proof to the statement

that a successful dentist *can* be a better dentist.

Because of these facts the patient must understand his financial responsibility and be prepared to meet his agreements. So, too, the dentist must agree to deliver his service promptly. Methods of collection and payment must be suited to those of different degrees of means, those on a limited budget as well as others with unlimited funds.

Credit cannot be given nor accepted beyond the established limits of a particular office, for if otherwise given or received, eventual failure may result.

Practitioner and patient alike must realize the economic value of reputation. The seasoned practitioner has established his reputation in the community. The degree of expert service he has rendered in past circumstances has so produced that the sum total becomes the composite of community respect thus expressed. In other words the confidence previously received and kept by conscientious application of endeavor has now become a valuable economic factor.

Primarily it will attract the type of patient of unlimited means who desires expert attention and can make his selection accordingly. In like manner other people of the same caliber are so attracted. With each new addition to the clientele, the prestige of the particular dentist is enhanced and advancement of the practice is further assured.

The responsibilities of the dentist are increased in proportion to the community responsibility born by a particular patient, because of the *value of time* to that individual. Since the value of time has already been recognized for its economic importance we can transpose it into the *value of money*. A corresponding increase in the value of the practitioner's time is, therefore, justifiable, to be accompanied by an increase in the fee schedule for such discriminating patients.

When a dentist accepts the elements of diagnostic judgment and economic consciousness as an inseparable part of the practice of professional business principles, he has fashioned the cornerstone

upon which the edifice of successful practice establishment is built.

Sincere application will pay dividends in terms of the satisfaction received by his patients. In addition the self esteem so necessary to an expanding personality, will be greatly enhanced. At this point a word of caution must be inserted. Some individuals find a moderate degree of success so invigorating that they fast become inebriated with their own ego or importance. Unfortunately, carelessness ensues. The very factors which were so carefully brought together to produce a good result, are now thrust aside and ignored. Step by step the leveling process continues until in the wreck of his ambitions, the individual so imbued with false values, sees in retrospect his former potential and his grave mistakes. It is true that he can return to the struggle a wiser and more reliable person than formerly, but this process is difficult. The confidence once freely given by the public is reluctant to return because of previous betrayal. Changes of location are expensive. Usually financial difficulties go hand in hand with the leveling process mentioned. Moral fiber must be of super strength to stand the test inflicted by public opinion and poor reputation.

The purpose of our study is to chart a course for the career so that these pitfalls may be successfully avoided. Years ago I received a Christmas calendar with these words within, in bold type, "Every achievement is but a camping place for the night." Applied to this study we can use them as a brake to maintain what has been achieved, thus giving our efforts to the problems which still lie ahead.

Each success is an event in itself. It can be used to increase self confidence and prevent reoccurring failure. Its misuse has already been fully described. Humbly approached it becomes a step upon which to rest while preparing for the next. This is true progress.

Progress must come by evolution not revolution if it is to be healthy. Sometimes individuals fall into a rut of carelessness which can be recognized as an early stage of disintegration. In such cir-

cumstances drastic steps may be needed to re-establish career development and direction. Even so, each action should be meditated upon carefully so that cause and effect can be better studied and that opportunity can be accepted at face value.

To some extent, progress can be insured if the means for doing so are kept at hand. This is important because our profession will continue to advance even though an individual office does not. Dentistry is a young profession. There are a multitude of problems yet unsolved. Men of experience and fine reputation are giving their all to advance knowledge in every division of dental science.

PERSONALITY

Up to this point nothing has been said of personality. We have defined a general attitude of the dentist toward his work, which is one of sincere conscientiousness, understanding and sympathy toward his patients' problems. When these are presented with knowledge and self confidence as a background the patient's response will be cooperative if he is equally sincere.

Alfred E. Wiggan wrote a book entitled, *Marks of An Educated Man*. This should be read by all who would deal with the public successfully. He says, "that others respond to our overtures in a predictable manner." This means that our approach to people governs their response to our efforts.

Personality has been defined as an outward expression of the sum total of individual traits, characteristics and emotional reactions. There is little question of its importance and influence on the entire career. It does not compete with ability as many would have us believe, but rather cooperates with it to produce a better result.

We all have personality, but use its parts differently. The individual above average in this respect is glamorous and instantly attractive. Some wear better than others. However, a few factors that

are immensely desirable to us at the moment are as follows:

1. Initiative
2. Ability to get along with people
3. Respect of others
4. Organizing ability
5. Qualities of leadership
6. Self expression

Most of these items explain themselves. Self appraisal must never be carried to the extreme of self depreciation. It must be honestly carried out to reveal the need for further effort in a particular direction. As an illustration let us reflect on self expression.

In the course of time I have met several otherwise capable dentists who confided that they could not speak in public. Others have difficulty in addressing strangers for the first time. These men knew of their lack but, aside from admitting it, had done little about it. A study club of fifteen or twenty dentists can solve this problem readily. Outside help can be obtained in local communities to act as advisor and critic. The benefits are several, chair presentation of a treatment plan is better accomplished. The individual is never at a loss when asked for a few words at a community gathering. The impressions created are all favorable, presenting the dentist to the best advantage. He is identified with projects in an active sense which would otherwise place him as a casual observer.

Our personalities are reflected in our offices. The arrangement, harmony and care given the furnishings and equipment bespeak something of the man who resides there. The personnel who share his responsibility contribute no end to presenting the head of the establishment favorable or adversely. The correspondence of the office reflects these things too. Reputations touch distant cities and if so appointments for consultation and services must be arranged by letter. It is well when correspondence is on a high level.

These things are all appreciated and understood by patients, and as a result they are willing to return year in and year out for the solicitous card needed

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Chicago Dental Society Urges Fluoridation of Community Water Supplies

In a recent interview concerning the observance of National Children's Dental Health Day on February 4, Dr. Edwin W. Baumann, President of the Chicago Dental Society, stated that two major attacks on the problem of dental decay in children are recommended by the Society.

The first recommendation is a personal one that can be followed by every parent and every child—namely, proper toothbrushing after each meal and before going to bed, regular visits to the family dentist, and the elimination of sweets from the diet between meals.

The second recommendation, the fluoridation of community water supplies, is one that will require cooperation between dental and medical societies, health agencies, and local governments. Fluoridation means adding any one of several fluoride compounds to a local water supply in very small amounts—one to one and one-half parts of fluoride to a million parts of water. Fluoride has been found to reduce dental decay in the teeth of children by as much as 65 per cent when consumed from birth. In communities where fluorides have been added to the water supplies, a reduction of approximately 30-40 per cent has been experienced within a period of only three years.

Dr. Baumann said, "During the past several years the potentialities of fluoridating community water supplies, as a means of preventing dental caries, increasingly has aroused public and professional interest. Over 1,400 communities, supplying water for nearly 6 million people, have been found to have the recommended amount of naturally occurring fluorides in their water supplies. At least 13 of these communities are in the immediate area surrounding Chicago. More than 140 other communities have fluoridated their water supplies, bringing the concentration within the range of 1 to 1½ parts per million parts of water as

recommended by the American Dental Association.

"Other organizations concurring in this recommendation are: The American Association of Public Health Dentists, U. S. Public Health Service, Governing Council of the American Public Health Ass'n., State and Territorial Dental Health Directors Ass'n., Nat'l. Research Council, and most recently the American Medical Ass'n.—through joining action of its Council on Chemistry and Pharmacy and the Council on Foods and Nutrition—and through a more specific action taken recently at San Francisco by the House of Delegates."

The thirteen communities in the Chicago area where one or more parts of fluoride per million parts of water appear naturally in the water supply are: Bensenville 1.4, Des Plaines 1.4, Elmhurst 2.00, Franklin Park 1.4, Grays Lake 1.20, Homewood 1.00, Itasca 1.20, Lake Zurich 1.00, Lemont 1.1, Lombard 1.8, Lyons 1.2, Riverside 1.6, Winthrop Harbor 1.4. Dental inspections made by the Chicago Dental Society in the schools of many of these communities indicate that there is a much higher percentage of healthy teeth than is found in school children of communities where there is little or no fluoride in the local water supply. Forty-two other communities in Chicagoland have fluoride naturally appearing in their water supplies in amounts ranging between one-tenth to nine-tenths parts per million parts of water.

A number of fluoride-free communities in the Chicago area are in process of developing programs leading to the fluoridation of their water supplies.

Dr. Baumann states that the Chicago Dental Society, through its Committee on Dental Health Education, will be glad to advise any community contemplating the adoption of this desirable dental health measure.

CLARENCE A. HANSON

President

West Suburban Branch



Clarence A. Hanson graduated from Northwestern University Dental School in 1923 and practices in Oak Park. He has held all the offices in the West Suburban Branch. For the parent society, he has served on the Public and Professional Relations Committee and Committee on Dental Health Education and is this year serving his second year as chairman of the latter committee. He is also a member of the State Council on Dental Health.

Dr. Hanson is a member of the American Denture Society and American Academy of Periodontology and of Delta Sigma Delta and Omicron Kappa Upsilon fraternities. He has been very active in local civic affairs, having served two terms as president of the Oak Park Club, and is immediate past-president of the Oak Park Rotary Club. At present, he is a member of the Board of Directors of the Oak Park Chamber of Commerce.

NEWS AND ANNOUNCEMENTS

DEAN BARALT HONORED

Dr. A. Raymond Baralt, Jr. was recently honored by the Puerto Rican Dental Society, during their annual meeting held January 25, 26, and 27.

A letter from Dr. R. Carrasquillo, secretary of the Society, stated that the entire convention was so dedicated to Dr. Baralt for his outstanding achievements in dental education, also due to the fact that he is the youngest dean in the dental profession.

Dr. and Mrs. Baralt arrived in Puerto Rico on the 24th of January and were most cordially entertained during their stay.

Some of the men from the United States taking part in the program were: Dr. LeRoy Ennis, president of the American Dental Association; Dr. Harold Hillenbrand, secretary of the American Dental Association; and Col. McKelvey, oral surgeon of the United States Army.

VETERAN APPEALS

The Board of Veterans' Appeals is available for rendering final decisions in all cases appealed to the Administrator of Veterans Affairs, wherein a claimant has been denied benefits to which he claims entitlement. The Board has no original jurisdiction; its work is similar to that of a court of appeals.

SCHOLARSHIP AWARDS BY O.K.U.

Scholarship award certificates have been given to three students in the College of Dentistry by the University of Illinois chapter of Omicron Kappa Upsilon, national honorary dental society.

Recipients are John S. Kloehn, Lawrence D. Day, and Henry G. Barham. All three students ranked first scholasti-

cally last June in the first, second, and third-year classes, respectively.

The awards were presented by Dr. Charles G. Maurice, secretary-treasurer of the UI chapter of Omicron Kappa Upsilon. The scholarship award certificates will be presented annually by the Society.

POSTGRADUATE CLINIC— WASHINGTON, D. C.

The District of Columbia Dental Society's 20th Annual Postgraduate Clinic will be held March 9-12, 1952, at the Shoreham Hotel, Washington, D. C.

Each year, this meeting is growing in scientific, social and commercial value, and this forthcoming meeting will prove no exception.

There will be nationally known clinicians and essayists, speakers of wide renown, exhibitors showing the latest and newest products, registered clinics, table clinics, visual education, important scientific sessions, and fine social entertainment.

The registered clinicians, who will present postgraduate courses and their subjects, are: Dr. Harrison M. Berry, Jr., Roentgenology; Dr. John C. Brauer, Children's Dentistry; Dr. G. R. Lundquist, Periodontia; Dr. Andy W. Sears, Crown and Bridge; Dr. Thomas H. Forde, Dr. James J. Greeves, Dr. Edward Koltisko, Dr. John T. McSweeney, Oral Dynamics; Col. Lynn C. Dirksen, (DC), U.S.A., and Lt. Col. Paul A. Miller, (DC), U.S.A., Prosthodontia, Lt. Comdr. W. E. Hedman, (DC), U.S.N., Endodontia.

Dr. J. Garrett Reilly, General Chairman of the Postgraduate Clinic, has stated "every effort is being made to give members of the dental profession a well balanced educational and scientific program."

EDITORIAL

THE QUALIFIED ASSISTANT

The greatest surgeon may become a blundering sophomore without an able assistant. The All-American halfback may lose yardage each time he carries the ball, without assistance in the form of blockers. The nation's airlines and railroads are less efficient when there is a lack of harmony between pilot and co-pilot, and between engineer and fireman. The finest surgical assistant, the blocking halfback, the co-pilot and the engineer did not achieve their most valuable positions without considerable FORMAL training, as well as practical experience.

We in dentistry have performed our art and rendered our service while working alone, much like our predecessor the barber. The specialized health profession of dentistry, like the specialized health profession of surgery, has made great advances since the days of the barber or the days of the skull-borer. The nursing profession has done much to improve upon the initial doctrines set forth by Florence Nightingale, to be of greater assistance to the patients and the physicians of medicine and surgery. The physicians of dentistry up until recently had to rely upon young, unskilled but willing, girls to serve them and their patients.

The training received by these dental assistants was usually given by the individual dentist, and at the end of a busy day when both the teacher and the pupil were too tired and irritable to do their best. This practical experience was better than none at all, but there was a lack of uniformity which could only be gained through some type of organized formal training.

In order to accomplish this feat, considerable planning was required. In the first place, it was necessary to determine the actual need—secondly, it was necessary to formulate a curriculum and obtain a teaching staff—and, thirdly, it was necessary to create a sincere desire on the part of the individuals for whom this entire set-up was planned. The action had to be suited to the word. A course of great length, comparable to the first two years in dentistry, was found to be quite impracticable. Particularly when it did not lead to an academic degree. Several commercialistic courses have been offered, but they either lacked qualified teaching personnel, or they have attempted to make dental research assistants out of the applicants. In some instances college training was a prerequisite for matriculation.

We must concede the fact that we have a real need for well trained dental assistants. We must also be realistic by recognizing the fact that most young women, expressing an interest in the field of dental assisting, do not intend to make it their life-long work. They are apt to shy away from an expensive, lengthy, didactic, and often ethereal curriculum. It behooves us to help our cause by giving assistance to those who have a desire to be of greater service to our profession and our patients.

In the year 1951 the Chicago Dental Society sponsored their first formal course of training for dental assistants. On February 5th twenty-four girls received an emblem of qualification and National Certification. These girls

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MINUTES OF THE REGULAR MEETING of the CHICAGO DENTAL SOCIETY

Conrad Hilton Hotel

January 15, 1952

Meeting called to order by Vice-President Elmer Ebert at 8:10 p.m.

Dr. Aison moved and Dr. William Rusch seconded to dispense with the reading of the minutes of the December meeting. Motion carried. Dr. Wenger moved and Dr. Zielinski seconded to approve the minutes of the December meeting as published in the January 2 issue of the Fortnightly Review. Motion carried.

Reports of Boards and Standing Committees: none.

Reports of Special Committees:

Dr. Rawson of the North Side Branch, was granted permission to give his report and spoke for the Federal Health Legislation Committee. Dr. Ebert thanked Dr. Rawson for his efforts in giving the report.

Unfinished Business:

Dr. Ebert called upon Dr. Kleiman, the Secretary, to read the resolution that had been presented at the December meeting. After reading the resolution the question was asked from the floor by Dr. King why this resolution was necessary. Dr. Ebert explained the necessity for having this resolution in our by-laws to

the satisfaction of the membership present. Dr. Wenger moved and Dr. Foley seconded the motion to accept the resolution. Motion was adopted.

Dr. Ebert explained why he was serving as chairman and thanked Dr. Baumann for the privilege. He gave a short talk regarding registration on Sunday, February 3, and other highlights of the Midwinter Meeting.

Dr. Ebert then introduced Dr. William Rusch, Chairman of the Monthly Meeting Program Committee, who in turn presented Dr. Raymond Baralt, Dean of the Dental Department of Loyola University, who introduced Professor James R. Cameron, Head of the Oral Surgery Department of Temple University, the speaker of the evening. Dr. Cameron lectured on the subject "The Expanding Field of Oral Surgery." The lecture was well received by the capacity audience and from the favorable comments heard after the meeting the evening was well spent for those who attended.

Dr. Ebert thanked Dr. Cameron and the meeting adjourned at 10:00 o'clock.

Respectfully submitted,

Samuel R. Kleiman, *Secretary*

THE ERROR

The typographical error is a slippery thing and sly.
You can hunt until you are dizzy, but it somehow will get by.
Till the forms are off the presses it is strange how still it keeps;
It shrinks down into a corner and it never stirs or peeps,
The typographical error, too small for human eyes,
Till the ink is on the paper, when it grows to mountain size.
The boss he stares with horror, then he grabs his hair and groans;
The copy reader drops his head upon his hands and moans—
The remainder of the issue may be clean as clean can be,
But that typographical error is the only thing you see.

Tumors on Face and Mouth*

Joseph G. Kostrubala, M.D., D.D.S., F.A.C.S.

Tumors involving the head are varied and numerous. For purposes of simplicity in presenting part of this problem today, I wish to classify them roughly into two groups. In the first group are the various lesions which involve the skin, in the second group are those growths involving the mouth and its organs

It is not possible to go into detailed description of the various dermatologic lesions which so frequently involve the skin of the face. Neither is it necessary for this presentation to concern ourselves with the obvious benign tumors. The tumors about which I wish to talk to you are the malignant varieties which must be recognized early, properly diagnosed, and adequately treated if such diseases are to be permanently cured.

What I wish to bring out this morning will be disagreed with, by some, if not by many, here present. Some of the statements will, I am sure, be challenged by the dermatologist and the x-ray therapist. Nevertheless, it is becoming generally accepted that malignant disease of the skin of the face is primarily a surgical problem.

Let us consider first the so-called rodent ulcer or, more properly, the basal cell carcinoma. I know of no other lesion which is so simple to diagnose and to treat successfully and yet which is so frequently mismanaged, with consequent disastrous results. To be sure, it is least malignant of the carcinomas and metastasis is extremely rare, but to refer to it as a "touch of cancer" is more pernicious than to say that a patient has a "touch of syphilis," it usually occurs in older people, and on the face its location is in any part above the level of the mouth but more frequently it is found

about the eyelids, nose, and the temple region. When the patient seeks advice of a physician, the lesion is usually found to be present for many months, or even years. It is well circumscribed and ulcerated, with raised borders. The patient has already treated it with various applications, with a history of intermittent successful healing and subsequent reformation of the ulcer. Basal cell carcinomas histologically present a group or groups of deeply staining areas made up of basal cells in the subcutaneous layer of the skin. What is frequently not found on histologic examination is the lateral extension of carcinoma cells into the lymphatics of the adjacent skin. Clinical diagnosis is "simple," and I use the word in quotation marks. The appearance of the lesion and the history of long duration leads to the immediate institution of treatment by the physician. The treatment, of course, depends on the inclination and on the equipment of the doctor. If he is a roentgenologist, the treatment will be x-ray therapy; if the doctor owns a surgical diathermy, the treatment will be burning of the lesion. If neither equipment is available, the various chemical caustics will be applied. Regardless of the method employed, the end results are the same: The lesion is destroyed—or it is hoped that it is destroyed—and satisfactory healing has taken place. That good results by such methods are obtained is not to be disputed, but we can raise a serious question that such methods are always safe and that the treatment always is the best.

One need only to review the claims of the dermatologists and roentgenologists to be amazed with the fine results that they obtain in the treatment of basal cell carcinoma, but this amazement becomes less impressive when it is found out that no biopsy studies were made. It is not the best practice to treat the so-

*Presented to The Staff, Oak Park Hospital, February, 1951.

called skin cancer by any method without a proper biopsy, for the lesion could be not a carcinoma, and claims of such cures must be not accepted as fact. Even with adequate radiation or burning, the lesion may be destroyed with a resultant scar made up of atrophic unstable skin which under favorable conditions may remain intact for a long time, but all too frequently ulcers form in such scars and too often recurrences are observed. It is to be doubted that these are true recurrences, for histologic examination of such ulcers reveals a mixture of basal cells nests with the addition of islands of squamous cancer cells. It is no longer a simple basal cell carcinoma, but is now a more malignant baso squamous type of cancer. It is believed that irritation of the relatively benign cancer cells by x-ray radiation or by burning produced a change with the appearance of the highly malignant squamous cells. It is becoming generally recognized that carcinoma may appear in the scars of burns and particularly in the scars produced by radiation such as x-ray, radium, and atomic fission. This fact certainly is of interest to the physician in view of the general preparation for atomic warfare.

Surgical treatment of basal cell carcinoma is the only sure method which can be depended upon to give the best results without undesirable consequences. Small lesions can be simply excised and closed primarily. It is to be remembered that the excision must be wide. Large lesions must be also widely excised, and the repair becomes a problem of some concern. However, there is no defect too large to be coped with and closed by some well planned plastic procedure—by shifting local skin flaps or by application of a free skin graft, or by both.

The squamous cell carcinoma involving the skin of the face occurs less frequently but grows much more rapidly, metastasizes early to the cervical lymph glands, and is productive of some symptoms such as pain, although this is not to be always expected. Treatment with local methods is disastrous, and radiation is not satisfactory. Only wide and radical

excision with block dissection of the cervical glands promises a chance of cure. Any delaying forms of therapy with indiscriminate application of limited measures and of expectant watchful waiting will lead to failure. Because of the malignant nature of this disease and of the deformities produced by surgical treatment, biopsy confirmation of the clinical impression is mandatory prior to treatment.

Carcinoma of the lip is a somewhat different problem and must be discussed separately from facial cancer. It is almost always found on the lower lip and predominates in the male, in the ratio of 49:1. It may occur in any age but is more frequently found in older patients. Of all the malignant lesions involving the entire body, carcinoma of the lip represents 2%. Because of its position, which can be easily detected, its low grade malignancy, and easy accessibility, it would be expected that here at least is a cancer which could be treated with a possible 100% cure. Such is not the case. Mortality from carcinoma of the lip is increasing, and this fact can be due to delayed and inadequate treatment. It was estimated by Pemberton and by Figi that patients with a cancer of the lower lip wait on the average of two years before they seek help from a physician. This fact points definitely to the need of arousing the public by education, by disseminating information on the seriousness of sores on the lips. What chances are there in early diagnosis and treatment of intra-abdominal cancer when people wait two years before seeking help for cancer which is so situated as to be seen by all?

The other reason for our shortcomings in the management of this disease is again inadequate treatment, which consists of x-ray therapy, radium, diathermy, and various other chemical burning drugs. Radium and x-ray therapy do have a place in the treatment of inoperable and hopeless cases. Early radical excision of the lesion with block dissection of the cervical glands gives the best results. Not all cases of carcinoma of the

lip need undergo block dissection of the neck. Brown and Byers group in St. Louis simplify the problem and report encouraging results. All cancers of the lower lip $1\frac{1}{2}$ cm and less are removed by a simple V-section of the lower lip. If no glands are palpable in the neck, the patient is only kept under observation for the rest of his life. Should glands ever become palpable, a block dissection is done. All cancers of a diameter greater than $1\frac{1}{2}$ cm are done by resection of the lip and block dissection of the neck, regardless whether glands are palpable or not. The Mayo group headed by Figg class their patients into four groups: group 1 being the least malignant and showing the least amount of anaplasia. These are not subjected to neck dissections but are kept always under close although periodic observations. Each case must necessarily be individualized and each case should be evaluated prior to any surgical procedure.

The most malignant lesion which may involve the skin of the face is the malignant melanoma. This is the most malignant of all forms of cancer, and the prognosis is always poor. It frequently occurs in a pigmented mole which may be quiescent for many years. The observed change from a benign pigmented mole to a malignant form of melanoma is believed to be due to two factors: there appears to be a hormonal influence which may produce the change, as some observers noted that the occurrence of melanoma is more frequently found in young girls at the onset of menstruation and secondly with pregnancy. Just what the factor may be is not known, but all dark moles should be considered with suspicion at these critical times. It is best to advise parents of young girls to have any obvious dark moles removed before the onset of menstruation. The other factor is irritation. This may be due to the position of the mole, where it may be irritated by clothing, friction, or by shaving. Perhaps the most pernicious cause of the malignant melanoma is the ill advised treatment of moles by burning and application of escharotics. Only careful and

wide excision of moles is safe. Why only a small percentage of pigmented moles undergo a malignant change and many remain benign in spite of all the trauma and irritation is not known. Once a definite diagnosis of malignant melanoma is made, the only recourse left is a radical block dissection involving the original tumor and contiguous skin and block dissection of the neck. X-ray therapy has proved to be of no value.

The mouth and its organs present a confusing problem. The oral cavity as the first portion of the alimentary tract is subjected to more trauma than any other part of the G.I. tract. A great variety of tumors are found in the mouth and certainly all cannot be discussed. Only the more important neoplasms need be considered here. Carcinomas of buccal mucosa, of the alveolar mucosa, and of the palate are usually due to chronic irritation by smoking, chewing, ill fitting dentures, and bridges. Very often these types of cancer develop in areas of leucoplakia, which may be unnoticed for many years. Leucoplakia is a white patch on the mucosa and histologically is made up of dead and dying epithelial cells. At first it is smooth and glistening and later becomes roughened and irregular. It is at this stage that malignant change may take place. Early excision gives the best results. When malignant disease has been definitely established, a wider excision with removal of cervical glands by block dissection may have to be contemplated. In the case of carcinoma of palatal mucosa, local excision constitutes a cure. When the mandible has been invaded by carcinoma, it becomes necessary to do a mandibulectomy with a block dissection of the neck on the involved side. Operations which only a few years ago were thought impossible to accomplish are now done with good assurance of a small operative risk and with expectation of longer useful living.

Carcinoma of the tongue has a mortality of 80 to 95%. It usually begins as a hard nodule which soon ulcerates. It is pretty well established that irritation

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NEWS OF THE BRANCHES

WEST SUBURBAN

EXTRA SPECIAL NEWS — Your new West Suburban editor is none other than Dr. Anthony J. Malone, instructor of children's dentistry at the University of Illinois, and also editor of *Your Child Patient* magazine. Dr. Malone gave an interesting and illustrated talk at our last Round Table Meeting, January 7. If he writes like he talks, Boy, Oh, Boy, what a column we will have! I feel West Suburban can be very proud to have a man of Dr. Malone's ability to take over. . . . This is a *West Suburban Meeting*, not an *Oak Park Meeting*, Tuesday, evening, March 11, at 6:30, Oak Park Club—Oak Park Ave and Ontario, southeast corner. AND, our speaker will be Dr. Chauncey C. Maher on "Coronary Thrombosis." 1. Do you have any of the symptoms? Do any of your patients? Let Dr. Maher advise you so completely and interestingly that you will always know. 2. How can you know without a stethoscope? 3. A more complete report will be had for the next issue—but assure you he is a dandy and very forceful speaker. *Now, will you come?* . . . The Nominating Committee, composed of the last five past-presidents — Barney Siegrist, Ed Moore, Paul Swanson, Kelly Frakes, with Bill Vopata, chairman, after great deliberation, made the following suggestions for officers of 1952-53 of the West Suburban Branch: president, Joseph M. Lestina; president-elect, Rudolph Hinrichs; vice-president, Lyle W. McNamara; secretary, Richard A. Anderson; treasurer, Edward F. Kritzke; librarian, Wallace N. Kirby; director of the Chicago Dental Society, William Vopata. . . . **WEST SUBURBAN ROUND TABLE!!! EVERYONE IS WELCOME!!!** Monday noon, March 3, at Oak Park Club. Speakers, Robert R. Fosket, Associate Professor of Radiodontia at Northwestern University Dental School; his

subject, "Radiographic Technique for Dentists." (Sh-Sh-Sh; I am not supposed to tell you, but there will be a discussion on long cones—short cones—x-ray solutions; in other words, "How Can I Make Better Pictures?") . . . For those luscious bits—dental assistants, Thursday evening, March 6, dinner at 6:30 o'clock—Carlton Hotel, Marion and Pleasant. A wonderful dinner and wonderful place, with lots of good food, good fellowship. Speaker, Dr. Robert Atterbury; subject, "Prestodigitation." . . . President Dorothy Sutton, assistant to Wm. Vopata, has a wonderful, hard working staff, and has shown real executive ability. Vice-President Lorraine Scapillato (assistant to Robert Atterbury) is responsible to a great degree for their wonderful programs. Bouquet of orchids to Secretary and Treasurer Marie Venture (assistant to Art Skupa) for keeping wonderful records; also to Membership Chairman Margaret Willing (assistant to Clarence Hanson), who is doing a tremendous job. Only \$10.00 a year which automatically admits you to membership in the Chicago, Illinois, and American Dental Assistants' Associations. No dues in West Suburban. . . . Attention, Al Sells, your West Side gals are more than welcome. . . . James J. and Mrs. Kohout announce the engagement of their daughter Marilyn to Dr. Holden K. Farrar, son of Mr. and Mrs. Farrar of Winnetka. Dr. Farrar is serving as a first Lieutenant in the Air Force and Marilyn a Senior Nurse at Evanston Hospital, and will go to England after graduation. Jimmy has acquired a monocle and a slight English accent in preparation for the marriage which will be held in England in April. Mrs. Kohout says Jim looks cute in long stockings and knickers; the bumps don't show too bad. "Ah say, old bean, have a jolly trip." . . . Mrs. Atterbury is now doing nicely after a very serious operation; can't you hear them over the

breakfast table talking about their operations? (Bob is an Oral Surgeon.) . . . Ione Kral is planning a trip to Florida with her children, George and Mrs. Crane. . . . ATTENTION, LOYOLA CLASS 1929—Emil Mulacek, Ed Kritzke and Ashley Craig are planning *Big Things* for meeting and the future. A luncheon will be organized during Fellowship Meeting and also a room has been reserved. Please get in touch with these fellows. . . . Dean Baralt is being honored at the Porto Rican Convention. . . . From Dale Carnegie's book, *How to Stop Worrying and Start Living*, comes this inspiring message—"Let us remember these words of William James: 'Much of what we call Evil can often be converted into a bracing and tonic good by a simple change of the sufferer's inner attitude from one of fear to one of fight.' So let's fight for our happiness! Let's fight for our happiness by following a daily program of cheerful and constructive thinking. Here is such a program. It is entitled, 'Just for today.' I found this program so inspiring that I gave away many copies of it. It was written thirty some years ago by the late Sibyl F. Partridge, and if we follow it we will eliminate most of our worries. **JUST FOR TODAY**—1. Just for today I will be happy. This assumes that what Abraham Lincoln said is true "that most folks are about as happy as they make up their minds to be." Happiness is from within; it is not a matter of externals. 2. Just for today I will try to adjust myself to what is, and not try to adjust everything to my own desires. I will take my family, my business, and my luck as they come and fit myself to them. 3. Just for today I will take care of my body. I will exercise it, care for it, nourish it, not abuse it nor neglect it, so that it will be a perfect machine for my bidding. 4. Just for today I will try to strengthen my mind. I will learn something useful. I will not be a mental loafer. I will read something that requires effort, thought and concentration. 5. Just for today I will exercise my soul in three ways; I will do something a good turn and not get found out.

I will do at least two things I don't want to do, as William James suggests, just for exercise. 6. Just for today I will be agreeable. I will look as well as I can, dress as becomingly as possible, talk low, act courteously, be liberal with praise, criticize not at all, nor find fault with anything and not try to regulate or improve anyone. 7. Just for today I will try to live through this day only, not to tackle my whole life problem at once. I can do things for twelve hours that would appall me if I had to keep them up for a lifetime. 8. Just for today I will have a program. I will write down what I expect to do every hour. I may not follow it exactly, but I will have it. It will eliminate two pests, hurry and indecision. 9. Just for today I will have a quiet half-hour all by myself and relax. In this half-hour sometimes I will think of God, so as to get a little more perspective into my life. 10. Just for today I will be unafraid, especially I will not be afraid to be happy, to enjoy what is beautiful, to love, and to believe that those I love, love me. . . . If you want to develop a mental attitude that will bring peace and happiness, just think of this, "Think and act cheerfully, and you will feel cheerful."—*Olaf S. Opdahl, Branch Correspondent.*

SOUTH SUBURBAN

GEORGE A. STEVENSON. The loss to the city of Harvey and the South Suburban group of George A. Stevenson, Harvey's "flying dentist," will long be felt. His mother, Mrs. Jeanette Stevenson, who was also killed in the fatal crash January 2, was being flown to Florida for the third time by her versatile son. Exact reasons for the crash may never be known, but George's fellow wing-men agree that nowhere was there a more conscientious or careful pilot to be found. . . . Since 1938 when he first became interested in flying, it was estimated that he had logged over 2,000 air hours over this continent, South America, Alaska, and Hawaii, which stands as mute testi-

mony to his flying ability. . . . A member of both the Illinois and Chicago Dental Societies, George Stevenson was graduated from Northwestern in 1923 and stepped into his father's dental office and practice, with offices located at the corner of 154th and Center streets in Harvey. The senior Dr. Stevenson started practice in this location in 1891, and George, a true native of this city, has kept the 60-year-old dental service to this community up to a traditional standard. . . . Born in Harvey on February 3, 1894 and a veteran of World War I, George had never made any other city his residence. . . . Surviving are his wife, Inice; and three children, Robert, Loring and Penelope. . . . May all the members of the South Suburban Dental Association extend to them deepest sympathy.—*H. O. Cubbon, Branch Correspondent.*

NORTHWEST SIDE

The greatest dental gathering held anywhere has come to an end for another year. We hope that the knowledge gained is being given a fair trial and the time spent acquiring this "know how" is being appreciated by your fellow man. . . . Jim Mershimer missed seeing Mark Spencer at the Rose Bowl. . . . Ben Svoboda was vacationing when Jim went to visit him. Jim flew out to the coast but played it safe by way of the rails coming back. He missed our last branch meeting by coming home the slow way, the first lapse since January, 1934. . . . Tom Wright made a hurried trip to Iowa for a visit with his seriously ill mother. . . . TEN YEARS AGO—February 15th issue—The Midwinter Meeting to be held at the Palmer House, February 23 through 26. . . . Glenn Cartwright was president of the Society at that time. . . . Ben Davidson was your correspondent. The discussion uppermost in the minds of all men at the time was "PROCEDURE FOR DEFERMENT OF DENTISTS." Another lead line was "PROCUREMENT AND ASSIGNMENT WILL MEET FEB. 22nd." . . . Gus Johannes

had just returned from a five-week sojourn in Florida. While there he met Gus Tilley—naturally, on a golf course. . . . Gus J. was in the market for a good tire-recapping job—he forgot to buy some new tires before leaving. Hope History doesn't repeat itself!—*Folmer Ny-mark, Branch Correspondent.*

NORTH SUBURBAN

Everyone I have talked with this month is very busy getting ready for the Midwinter Meeting and for vacations after the meeting. . . . Henry J. Droba, of the Loop, has been spending time this winter curling and is the first one of the dentists I have contacted who is participating in this sport. They curl at the Chicago Club and Skokie Country Club and the team he is on has won some of the championships. It would be fun to watch a meet just to see the colorful plaid costumes the players wear. . . . Charles W. Freeman, Dean of Northwestern, was in Florida in December studying the caries research program at the University of Florida and the University of Miami. . . . John H. Therrien, of Northbrook, is going to West Palm Beach after the Midwinter Meeting. . . . Alvin F. Golding, of Mundelein, left the 29th of January for Washington Island, Wisconsin, off Door County, to do some ice fishing and is coming back to go to the convention. . . . I had a nice chat with Harold J. Link, of Gurnee, about the advantages of small town practice and he is certainly enjoying it up there. He told me the Lake County Society will be guests of the Navy personnel at Great Lakes in March. . . . Bernard H. Berke has been in Antioch for a couple of years, having come from Pittsburgh. He told me that Leonard V. Madden is practicing half days now and is looking fine and that E. J. Lutterman is back in the rejuvenated building that burned last year. He has been back a month now and things are pretty well organized. . . . Carl and Mrs. Zeit, of Waukegan, have a new baby boy. Congratulations! . . . B. F.

and Mrs. Dewel are leaving on the 15th of February for New York and plan to sail on the 16th on the Nieuw Amsterdam for Venezuela and points south. They will be gone three weeks, arriving back around the 1st of March. . . . Bill Murray, of Evanston, left for Florida the 8th of February. . . . Herman P. Kelder told of the Northwest Dental Study Club meeting at Bursals on January 22, where taxes were discussed. . . . K. F. Knudtson, of the Loop, has been appointed Civilian Consultant of the Dental Research School of Aviation Medicine at Randolph Field, Texas and was down there recently at a civilian and military conference. . . . Jack Churchill, from the Loop, has a son, John Alfred, in his third year at Northwestern in pre-dental and he will be the third generation dentist. . . . LeRoy E. Hedges, of Chicago, has been busy as Chairman of Registration for the Midwinter Meeting. . . . Alvin Altman, of Highland Park, is a member of the American Society of Dentistry for Children and went on a caravan with four to five other dentists to Bloomington in December and Danville in January to give educational clinics. . . .

"Life is not made up of great sacrifices and duties;

But of little things; in which smiles
And kindness and small obligations,
Given habitually, are what win and
Preserve the heart and secure comfort."

—W. Alfred Parcell, *Branch Correspondent*.

ENGLEWOOD

Now that the convention is over, it is not only with a feeling of relief but also with a feeling of pride and happiness that each one of us shares in the knowledge that we are a part of an organization that does such a tremendous job every year. We have every right to be proud of our Chicago Dental Society and to be proud of ourselves for being a

part of it. We, of the Englewood Branch, should spend a little time patting each other on the back for the part that our Branch took in making this one of the best meetings that has ever been held anywhere in the world. But how could we miss with our own Harold Hayes as General Chairman of the Committees?

Also contributing to the meeting were Bill Burke with his presentation on the use of fast-curing acrylic in casting gold inlays and bridges. Dan Duffy was in there also with the "Use of Plastics in Fixed Bridge Construction." No clinic would be complete, naturally, without our Harry Spiro who always has something new, worthwhile and practical. Lester Kalk, Vin Milas and Tom Starshak, the three musketeers of the root canal reamers, can always be counted upon to help make any convention a success. Dozens of others of our members, who were generous with their time and gave up many hours to work in various fields, helped to assure the success and smoothness with which things went along. Many of these men received no credit for the hard work which they did except from the few chairmen on whose committees they worked. We certainly appreciate the efforts of these fellows.

. . . Here's a puzzler for the day: If the Mayflower brought over the Pilgrims, then who brought over all the midgets? (Answer elsewhere in this column.) . . . Boles Gobby and Chester Frankewicz co-authored an article on "The Technique of Impression Taking" in the *Journal of Prosthetic Dentistry*, November. . . . Ed Spanski, noted outdoor enthusiast, is ice-fishing in the Fox Lake area. . . . Chester Rywniak is sponsoring a bowling team. We hear that they are doing very well. . . . Otto Wagner and Marion Kostrubala were installed respectively as Treasurer and Vice-President of the Stock Yards Kiwanis Club. . . . Mat Deplewski and Walt Raczynski are Past-Presidents of the same organization. . . . Julius Dziubak and Ray Pierzynski attended the installation of Otto and Marion at the Saddle and Sirloin Club.

(Continued on page 25)

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Applications for Membership

The following applications have been received by the Ethics Committee: Any member having information relative to any of the applicants, which would affect their membership, should communicate in writing with Irvin G. Oaf, 842 W. 79th St. Anonymous communications or telephone calls will receive no consideration.

Applicants

BRAUN, WILLIAM E. (Loyola 1935) North Side, 3166 Lincoln Ave. Endorsed by A. G. Sprecher and E. W. Luebke.

(Continued on page 23)

TUMORS ON FACE AND MOUTH

(Continued from page 15)

from sharp edges of teeth, crowns, and plates is an important etiological factor. Other causes are chronic glossitis, fissures and ulcers and scars from syphilitic lesions. Pipe smoking should also be mentioned. The lesion is usually found on the borders of the tongue and the seriousness of the disease increases with backward placement of the lesion. Leucoplakia is extremely frequently the site of cancer of the tongue and as such should be considered a pre-cancerous lesion. As the disease progresses, there is early fixation of the tongue with deviation to the affected side: speech, mastication, and deglutition are interfered with. As contrasted to other carcinomas, pain may be an early manifestation. As a rule the progress is rapid, and there is early metastatic involvement of the cervical lymph glands.

Prophylactic measures are most important in preventing the incidence of tongue cancer. Altogether too little stress is placed on the need of oral examination of patients in the so-called carcinoma age. The physician should take more interest in examining the mouth with special attention to the presence of sharp, brokendown ill-fitting dental restorations and poor oral hygiene. Because of the frequency of carcinoma in syphilitic patients, the tongue should be examined more frequently and good oral toilet demanded of such patients.

There is very little difficulty in making a diagnosis of a well-developed cancer of the tongue; nevertheless, a biopsy should always be obtained. Early cancers, and particularly those found near the lip, should be widely excised in lieu of

the biopsy. This procedure in some cases may constitute a cure.

Once the diagnosis is well established, treatment must be initiated immediately. Here again there is a divergence of opinion as to what should be done. I agree with Brown that if the cancer cannot be easily excised, it is best treated with radon seeds. A sufficient dose must be given to destroy the initial lesion completely. Whether cervical glands are palpable or not makes little difference. A block dissection is necessary if we are to salvage some of the cases. This may be done at the same time of radon implantation, or one may wait until the local lesion on the tongue is satisfactorily destroyed.

Tumors of the salivary glands as well as tumors of the bones of the face are not included in this presentation. Various benign neoplasms found more frequently in the mouth are of lesser importance and are not discussed here but should be noted as factors in the differential diagnosis of the malignant disease.

APPLICANTS

(Continued from page 20)

- GANS, BENJAMIN (St. Louis U. 1946) Kenwood-Hyde Park, 2376 E. 71st St. Endorsed by O. L. Stuteville and Robert G. Kesel.
- McMAHON, JAMES R. (U. of Ill. 1951) North Side, 113 S. Green St., McHenry. Endorsed by Seymour H. Yale and Arthur Elfenbaum.
- MIYANO, KATSUMI (N.U.D.S. 1951) Northwest Side, 1253 N. Claremont St. Endorsed by Theodore T. Kral and O. W. Silberhorn.
- SILBERBERG, DANIEL F. (Loyola 1950) North Side, 2335 Devon Ave. Endorsed by Paul H. Brown and Marvin Treiber.
- THEODORON, JOHN S. (Loyola 1951) Northwest Side, 5903 W. Chicago Ave. Endorsed by J. J. O'Connell and D. F. O'Connell.

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EDITORIAL

(Continued from page 11)

not only completed 104 hours of didactic training, but also successfully passed a practical and written examination which carried as much anxiety for them as our State Board Examination did for us. This laudable accomplishment is a marvelous step in the right direction.

Many members of the Chicago Dental Society should receive commendation for their efforts, not only in assisting to give the lectures and form the curriculum, but for encouraging their assistants to partake of this program. They gave the girls time off and helped in financing the project. Not all of us, however, can accept part of this commendation. Strange as it may seem, some men refused to give their girls adequate time off to attend the classes on time (two nights per week from 6:30 P.M. to 9:30 P.M.) and also made them pay all of their expenses. One member, on the day of the examination, refused to help his assistant, and instead made her cut a Class II cavity in an extracted upper 1st molar, and take her own wax pattern, which she had to sprue and invest on the examination (What parent doesn't at least have his child clean and looking his best before sending him to Sunday School?)

Yes, gentlemen, the Chicago Dental Society will welcome constructive criticism and help on this new program for the dental assistant. The Chicago Dental Society is also extremely proud of the Chicago Dental Assistants Association and the girls who braved many a cold night to attend a class, which they hoped would make them better equipped to help us in the practice of dentistry.



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NEWS OF THE BRANCHES

(Continued from page 19)

... Ray Van Dam is joining his wife in Florida this month. ... Answer to today's puzzler: The shrimp boats!—*Marion B. Hopkins, Assistant Branch Correspondent.*

WEST SIDE

It seems like old times writing this column again and forever trying to beat the deadline. I can see now why they use the expression, deadline. I just learned that this column has to be in a few days earlier because of the Midwinter meeting and I'm frantically seeking news. ... Our regular correspondent, Carl Weiss, who is doing a terrific job of keeping this column full of interesting items, is taking a deserved rest. He is in the midst of remodeling his office and that takes time. ... Speaking of remodeling, Leo Cahill is remodeling his building at 106 South Pulaski Road. He is building modern offices and has a very nice office available for a physician. ... Fred Bazola is leaving for Colorado Springs in the latter part of March to present a paper on "The Teaching of Crown and Bridge in the Dental College" before the Dental Education Meeting. ... Charley Shechtman is recuperating from surgery and is getting along very well. The boys miss him on table number five at Cinderella Bowling Alley. Charley is one of the poolgame sharpies. ... Norm Moses has done a fine job of raising funds for the annual boy scout drive. He is one of the scout masters for the Austin scouts. ... Bill Gubbins is already planning a big year for the Illinois Alumnae Association. Bill is the newly elected president. ... Bob Tuck and Leo Cahill spent a long week-end in New Orleans where they have been practicing their golf and taking in the warm climate. ... Many of our West Side members have done a wonderful job contributing toward the success of the '52 Midwinter Meeting.

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Our own Bob Tuck was chairman of the important Limited Attendance Clinics which proved more popular than ever. . . . Henry Bigelow was a speaker on the essay program and gave a fine lecture on "Hemorrhage and Pain Following Extractions." . . . Because of the early deadline I have been caught short with the branch gossip but let us make up for it by having you call in anything of interest to us. This column is for all of us and we should all cooperate with our correspondent. So give Carl some help by calling him at Nevada 8-0098. Do it NOW!!!
—Irwin B. Robinson, Branch Correspondent.

NORTH SIDE

Comes the time when the great Mid-winter Meeting is over and we once again settle down to the routine of our practice. It makes me wonder if we should consider the following saying and

see if it applies to us, "I don't dare practice what I preach: I'd work myself to death." I wonder if we go back to the office and do all the things we have told our colleagues we are capable of doing? Are we earnestly going to do our best and dedicate ourselves to our profession as we should??? Did you make a lot of mental notes at the Convention? If so, that's fine if you have a well-organized place in which to file them. Probably that's why I always write mine down. Even then, I sometimes misplace them. Ask Bob Riemer—he'll tell you. . . . This ain't no joke. . . . While thumbing through an old seed catalog today, I came across a wildflower called the trillium. Somehow that directed my attention to the National Budget that our friend Harry proposed the other day. . . . Ken Penhale is out of the hospital and is feeling fine. He looks like a million bucks. . . . Mayland spent the holidays with his daughter in Maryland. . . . The Northtown Kiwanis Club celebrated their

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twenty-fifth anniversary at the Tam O'Shanter Country Club last Saturday. Seen there were Walter Nock and his down-the-hall pal, Ed Kirby; also present were Chester A. Stanley and yours truly. All had a wonderful time. Walter and Ed were at the same table with Joe Wilson, the Sports Telecaster, so they were entertained by him almost the entire evening. He's really quite a fellow! . . . Haven't had any news from our North Side boys in the Service. It would be nice to hear from them. If any of you are in contact with them—please send the news to us. . . . Say, they tell me the only time a dentist is painless is when he forgets to send the bill. Now certainly none of you believe that, do you? —Herb Gustavson, Branch Correspondent.

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**BUSINESS FUNDAMENTALS
AS APPLIED TO THE
PRACTICE OF DENTISTRY**

(Continued from page 7)

and the value they know is received. The additional fee necessary to maintain a high degree of service is paid willingly. Collections problems can thus become lessened, if we realize one way that satisfied patients can show their appreciation is by the prompt payment of their account. Another way of expressing good will is by referring their friends to the dentist for his quality of work. We must justify this evidence of harmonious relations by deeds of action repeated over and over again.

With these interrelations in mind as we have discussed them it is possible to understand the importance of properly viewing one's individual potential and keeping ambition and good vision constantly before us. During a normal practice lifetime it is only natural that periods of depression, inflation, war and peace, progress and illness will continually affect the best laid economic plans. What we are primarily concerned with and struggling for is the principle that the planned action will yield a better net result than the hit or miss chaos of bungling through a problem hoping against hope for a successful conclusion.

The application of business fundamentals to the practice of dentistry has as its background the best of ethical procedure

which is the practical application of the Golden Rule. Each of us should bestir ourselves enough to have a workable knowledge of human nature and thereby know full well the limitations under which we individually function. The individual problems which confuse and beset each one of us cannot all be treated alike in a study such as we have just engaged in. However, we can agree to approach tomorrow with enthusiasm knowing full well that the difference between success and enthusiasm cannot be carefully separated. One without the other is quite impossible. This is because enthusiasm might rightly be called the driving force of dental interest. Lose it and you lose the attraction one has for dentistry. Shortly patients are lost and practice dwindles as a result. Keep it, and the possibilities are legion. It is contagious. People are quick to place value on such things. A man always enthusiastic about one occupation must have found something of value in it, and will give something of good to it. Individually, therefore, it is necessary to periodically stimulate our enthusiasm as well as acquire new knowledge. Such help must come through the channels of organized dentistry.

Ethical ideals, therefore, have economic rewards. Once our thinking is stimulated I am sure that these will be enlarged, therefore and thereby, producing for each one of us according to our own definition a measure of peace and security in an otherwise troubled world.

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